C L A S S   O U T L I N E

Audience affiliation/type: Undergraduate and Graduate Students
Number of Students: Approximately 30
Duration: 90 minutes

Prep time spent: 60 minutes

Summary	This resource is intended as a module for graduate students in health sciences fields such as medicine, nursing, and public health. The assignment will briefly review the literature on the three main class themes (open access, social justice, and health equity) to provide background on the topic. Following this overview, students will break into groups, and each group will be given a topic with questions to spark discussion on the subject. Questions such as "Historically, how has access to health information created benefits or barriers to users?" or "When thinking about medical research, what stakeholders are concerned about open access and why?" Each group will select a notetaker to keep track of the responses, and time will be given in class to report out and have a wider discussion with each other. The materials provided include an optional pre-reading assignment, slide deck, lesson plan, and a sample comprehension check. This module is intended for health sciences graduate students, but could be used for undergraduate students or adapted for other subject areas.
Materials	Computer, tables and chairs for small groups (if in-person)
Preparation for Class	Review and Choose Optional Pre-Class Assignment(s) Review and Adapt Discussion Questions to the Specific Audience Review and Adapt PowerPoint to the Specific Audience
Learning Outcomes	• Students will be able to define what open access, health equity, and social justice are as individual concepts, as well as how open access can be considered a social justice issue. • Students will be able to determine what under-served groups in their communities would benefit most from open access initiatives. • Students will be able to advocate more confidently for open access from a social justice and health equity perspective among their peers and colleagues.
Why Should Students Care?	As future professionals, students should want to give the highest quality care to their patients and clients. This is difficult to achieve without having access to peer-reviewed research for providing evidence-based practice. It is also important that students understand the difficulty that patients face in accessing research to learn about their own health concerns, and what groups are disproportionately disenfranchised by not being able to access high quality care (which includes care based on evidence.)
How Will I Know These Outcomes Are Achieved?	Review the Learning Assessment (Appendix 2) and ensure that the students have answered the assessment questions thoughtfully and correctly. Provide feedback on things that students could think more deeply about, if needed.
Pre-Class	The pre-class assignments are entirely optional, but they do provide

| | additional context and considerations to get students thinking about the three themes ahead of class. If you choose to do pre-class assignments, you can mix and match them based on what best fits your focus for the class.

They are color-coded based on their primary theme(s):
<mark style="background:lime">Green</mark>: Open Access
<mark style="background:cyan">Blue</mark>: Health Equity
<mark style="background:magenta">Pink</mark>: Social Justice
<mark style="background:yellow">Yellow</mark>: More than one theme | |
|---|---|---|
| **Introduction** | Introduce yourself and your background, and briefly talk about why the topic is important to you. Set the stage for the discussion and let the class know that there are no right or wrong answers, and that today's class will focus more on learning through the exchange of ideas. Participants should agree to be open-minded, respectful in their discourse, and engaged in the conversations. | **Time 5 minutes** |
| **Lecture** | **Open for Health PowerPoint** *If you know that the students are proficient in one or more of the themes (open access, social justice, and health equity), then you could remove or minimize time spent on those slides.*

Slides 1-5: Introduction
Slide 7: Social Justice
Slide 9: Open Access
Slide 11-13: Health Equity | **Time 15 minutes** |
| **Comprehension Pre-Check** | **Poll the Room or Zoom Poll (included in the PowerPoint)** *People can answer out loud or via the online chat.*

Slide 6: What does social justice mean to you?

Slide 8: What does open access mean to you?

Slide10: Do you believe that social determinants, such as income, neighborhood, and education directly affect health outcomes such as life expectancy? | **Time 5 minutes** |
| **Small Group Activity** | **Knowledge Café** (Small Group Discussion) *Choose slide 14 or 15, depending on virtual or in-person instruction.* *If in-person: Break into small groups for discussion* *If virtual: Enable Breakout groups for discussion*

No more than 5 people per group, have them choose a recorder to take notes on the group discussion and a reporter to report out to the larger group.

A list of questions is attached to this Lesson Plan (Appendix 1). Three to four questions are a good number to get through in the time allotted, but the number of questions can be changed depending on how much time you would like students to spend on the activity.

To save time during the small group discussion portion, it is also an option to provide the students with the questions before class, so that they come with thoughtful answers to discuss with their peers. | **Time 35 minutes** |

Large Group Activity	**Large Group Discussion** Slide 16 Facilitate the sharing of main discussion points from the small group discussion via the reporters. Choose questions from each category and/or have different groups discuss different questions. This will ensure the class gets the benefit of sharing out on all the categories – and making the connections between the three themes.	**Time 20 minutes**
Closing	Slides 17-20 provide a summary of the concepts learned and slide 21 provides more resources for learning. Leave five minutes for questions using slide 22.	**Time 10 minutes**
Learning Assessment End of Class	See Appendix 2 for Sample Assessment Questions	
Things to Remember for Next Time	A place to note any changes, confusion, or particularly positive points.	

Lesson Plan Template Designed by Dani Brecher; Adapted from: © 2010 Megan Oakleaf

Appendix 1: Discussion Questions

If virtual: Ahead of class, create a Google Doc (or other collaborative, cloud-based word processing document) for each set of questions. Each group should have no more than five people, so for a class of 30 there should be a minimum of six groups. You can absolutely repeat questions across groups, and mix and match between the categories which are mostly arbitrary.

If in-person: Ahead of class, put each set of questions on a separate page print one set for each group. Each group should have no more than five people, so for a class of 30 there should be a minimum of six groups. You can absolutely repeat questions across groups, and mix and match between the categories (which are mostly arbitrary.)

Social Questions

1. What groups of people in your communities have been traditionally marginalized? How does this affect their health, or their access to care?

2. How is oppression intertwined with your country's (or community's) identity? (Oppression in this case encompasses all –isms, including: racisim, sexism, heterosexism, ableism, ageism, etc.)

3. How have you experienced the benefits of privilege (race, socioeconomic class, education, citizenship, ability, etc.) ? How do you think that has affected your health?

4. What impact, if any, has colonialism had on prejudice and discrimination in your society?

5. What are examples of recent discrimination that you have experienced or witnessed in your individual life or in the news? Who was targeted?

Healthcare-Related Questions

1. What groups of people in your communities have been traditionally marginalized? How does this affect their health, or their access to care?

2. Historically, how has access to health information created benefits or barriers to users?

3. When thinking about medical research, what stakeholders are concerned about open access and why?

4. In thinking about medical research, what groups have been understudied or studied unethically? How might this influence their view of the medical establishment?

5. What are the benefits and drawbacks to public healthcare? Who is being marginalized, even though "everyone" has access? If you have a private or a hybrid healthcare system, how does that influence access to care?

Information Access Questions

1. What groups of people in your communities have been traditionally marginalized? How does this affect their health, or their access to care?

2. With your marginalized groups in mind, how would you advocate to faculty, students, administrators, or healthcare professionals regarding why they should make their work open access?

3. How might these groups be disenfranchised from accessing health information? How could they be encouraged or welcomed to find information able their health?

4. Can and should healthcare professionals, in addition to helping their patients, be advocates for broader social change? If so, how should they go about it? If not, why?

5. Should healthcare professionals take a stand against social injustice? What, in your experience, are the most effective ways to do this?

Appendix 2: Learning Assessment

1. Will accessing peer-reviewed research be important to me as a professional? If yes, why? If no, why not?

2. How is access to information an issue of equity?

3. How can restricted access to information affect patient care?

4. What under-served groups in your community would benefit from open access to health research, and how?

Appendix 3: Options for Pre-Class Assignments

<u>**Articles and Editorials**</u>

Noonan, A. S., Velasco-Mondragon, H. E., & Wagner, F. A. (2016). Improving the health of African Americans in the USA: an overdue opportunity for social justice. Public health reviews, 37(1), 1-20. https://publichealthreviews.biomedcentral.com/articles/10.1186/s40985-016-0025-4

Using a modified social ecological model, we conducted a review of the literature and nationwide statistics on African American health. We discuss the main social determinants of health and main health disparities, risk factors, the leading causes of morbidity and mortality, and access to health services for blacks in the USA. The mechanisms through which social determinants, including racism, exert their deleterious effects on black health are discussed at the macro and individual levels. Incarceration and mental health care issues are highlighted as priorities to be addressed. African Americans remain the least healthy ethnic group in the USA, a somber legacy of years of racial and social injustice and a formidable challenge to equitable health care for all. Systemic causes of suboptimal black health require equally systemic solutions; positive trends in black health indicators seem to be driven by social development programs, economic investment in education, participation of African Americans in policy, and decision-making and expansion of access to health care.

deBronkart D. (2019). Open Access as a Revolution: Knowledge Alters Power. *Journal of medical Internet research*, *21*(12), e16368. http://doi.org/10.2196/16368

Abstract: The slogan "Gimme My Damn Data" has become a hallmark of a patient movement whose goal is to gain access to data in their medical records. Its first conference appearance was ten years ago, in September 2009. In the decade since there have been enormous changes in both the technology and sociology of medicine as well as in their synthesis. As the patient movement has made strides, it has been met with opposition and obstacles. It has also become clear that the availability of Open Access information is just as empowering (or disabling) as access to electronic medical records and device data. Knowledge truly is power, and to withhold knowledge is to disempower patients. This essay lays out many examples of how this shows up as we strive for the best future of care.

Tambo, E., Madjou, G., Khayeka-Wandabwa, C., Tekwu, E. N., Olalubi, O. A., Midzi, N., ... & Ngogang, J. Y. (2016). Can free open access resources strengthen knowledge-based emerging public health priorities, policies and programs in Africa?. *F1000Research*, *5*. http://dx.doi.org/10.12688/f1000research.8662.1

Abstract: Tackling emerging epidemics and infectious diseases burden in Africa requires increasing unrestricted open access and free use or reuse of regional and global policies reforms as well as timely communication capabilities and strategies. Promoting, scaling up data and information sharing between African researchers and international partners are of vital importance in accelerating open access at no cost. Free Open Access (FOA) health data and information acceptability, uptake tactics and sustainable mechanisms are urgently needed. These are critical in establishing real time and effective knowledge or evidence-based translation, proven and validated approaches, strategies and tools to strengthen and revamp health systems. As such, early and timely access to needed emerging public health information is meant to be instrumental and valuable for policy-makers, implementers, care providers, researchers, health-related institutions and stakeholders including populations when guiding health financing, and planning contextual programs.

Jacobs, W., Amuta, A. O., & Jeon, K. C. (2017). Health information seeking in the digital age: An analysis of health information seeking behavior among US adults. *Cogent Social Sciences*, *3*(1), 1302785. http://doi.org/10.1080/23311886.2017.1302785

Abstract: We live in a digital age and this has changed the landscape of health information. With the changing US demographic, otherwise acute diseases morphing into chronic diseases as a result of treatment advancements, and

evolving health needs of the population, there is need for increase in available and accessible health information. It is estimated that one in three US adults use the internet to diagnose or learn about a health concern. Nevertheless, a nagging question is whether the Web is reducing or creating disparities in health information availability and use for making health decisions. This study examined factors associated with heath information seeking from the internet, traditional media, and health care professionals among a diverse population of US adults. Data for the analysis was from four cycles (2011–2014) of the Health Information National Trends Survey (HINTS), a national survey of US adults. Controlling for age, race/ethnicity, gender, and socioeconomic status (SES), regression analyses were conducted. STATA 13 was used for analyses. Findings indicated that there is a possibility that while the Web is an easily available source of health information, it could also create inequalities in health information accessibility. The Web should not be considered a substitute for using alternative health information sources. Doing so, might create disproportionate access to health information essential for health decisions.

The International Forum for Social Development. (2006). Social Justice in an Open World: The Role of the United Nations. Pages 11-20. https://www.un.org/esa/socdev/documents/ifsd/SocialJustice.pdf

Podcasts and Interviews

When Misogynoir is a Preexisting Condition: Black Women's Health Through the Twin Pandemics Intersectionality Matters! https://podcasts.apple.com/us/podcast/37-when-misogynoir-is-preexisting-condition-black-womens/id1441348908?i=1000521738146

Open Access – Episode 58 – The Oxford Comment: https://blog.oup.com/2021/01/open-access-episode-58-the-oxford-comment/ *[~35 minutes]*

On this episode of The Oxford Comment, Rhiannon Meaden, a Senior Publisher for Journals at OUP, and Danny Altmann, editor-in-chief of Oxford Open Immunology, cover the basics of Open Access, OUP's drive to disseminate academic research as widely as possible, and how easily-accessible research has impacted various academic fields around the world, especially as the world continues to grapple with the COVID-19 pandemic.

What If All Research Papers Were Free?, The Brian Lehrer Show, Interview with Peter Suber: https://www.wnyc.org/story/what-if-all-research-papers-were-free/ *[~20 minutes]*

With the price of journal subscriptions rising twice as fast as the price of health care in the past two decades, Peter Suber, director of the Harvard Office for Scholarly Communication, discusses whether research papers should be free and accessible to everyone or whether scientific research benefits from a subscription model.

Open Access: Opportunities and Challenges, InformED podcast: https://thepublicationplan.com/2020/08/18/podcast-open-access-opportunities-and-challenges/ *[~17 minutes]*

Conceptually, providing free open access to scientific and medical research makes intuitive sense. Why would research be maintained behind a paywall when we know that it will further science and benefit patients? On the other hand, it has been challenged that industry sponsored research should not be open access. Also, journals struggle with their operational models in an open access world. Join us for InformED where we tackle the issue of open access during a spirited discussion with Kristen Ratan.

Videos

Open Access Explained! Piled Higher and Deeper (PHD Comics): https://www.youtube.com/watch?v=L5rVH1KGBCY *[~9 minutes]*

Diabetes Industry and Native American Health, Web-Exclusive Content, *Unnatural Causes*:
https://unnaturalcauses.org/video_clips_detail.php?res_id=78

Competing agendas drive the distribution of resources when it comes to diabetes care and prevention. We spend most of our dollars on late-stage care, which not coincidentally is highly profitable to companies that provide those services. To reduce diabetes rates among Native Americans and other populations, we have to advocate for policies that will invest more resources in primary prevention and underlying social conditions.

Louisville's Rubbertown Neighborhood Fights against Toxic Emissions , Episode 1 - In Sickness and In Wealth, *Unnatural Causes*: https://unnaturalcauses.org/video_clips_detail.php?res_id=211

Eboni Cochran and her neighbors in Louisville have organized to demand that chemical companies in their area do a better job of monitoring and containing hazardous materials that seep into the soil and air. Across the country, polluting industries are concentrated in communities where the poor and people of color live.

Growing Wealth Divide Is Bad for Health, Episode 7 - Not Just a Paycheck, *Unnatural Causes*:
https://unnaturalcauses.org/video_clips_detail.php?res_id=219

In Michigan, as in other parts of the country, there's a growing chasm between the "haves" and the "have nots." As unemployed workers struggle to make ends meet and suffer declining health as a result, the wealthiest Americans are enjoying the spoils of our "winner-take-all" society.